

# Texas HIV Opt-Out Testing

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# History

- ❖ 1995 - House Bill 1345 is passed
- ❖ **January 1, 1996** - House Bill 1345 goes into effect and is implemented. TDH changes rules to be in accord with law. Including:

Health and Safety Code 81.090

Texas Administrative Code Rule §97.135



# The Law

- ❖ Mandates that every physician or other person permitted by law to attend a pregnant woman inform the patient that an HIV test will be performed if the patient does not object and note on the medical records that verbal notification was given.
- ❖ Must offer specific information on the benefits of testing and make referrals to anonymous testing sites if the women decline confidential testing.
- ❖ HIV testing must occur once at the first prenatal visit and once again at delivery.
- ❖ Requirement added to the existing requirement to test all pregnant women for syphilis infection.



# History Continued

- ❖ **Fall 1995** - Bureau mounts an education campaign to make providers aware of upcoming implementation of HB 1345 and of the beneficial effects to unborn children of early HIV testing and of ZDV treatment for HIV-positive pregnant women.
- ❖ Accomplished through contact with state licensure board for physicians to obtain list of all obstetricians and family practitioners; letter sent to all known practitioners and information made available by professional organizations to members.



# History Continued

- ❖ **October 2, 1995** - “TDH Issues Explanation of New State HIV Laws” House Bill 1345: Prenatal HIV Testing
- ❖ **December 11, 1995** - TDH news release that a English and Spanish Patient Education Pamphlet for Prenatal Testing will be available January 2, 1996, and is required for use in order to be in compliance with law.
- ❖ **January 1996** - The journal *Texas Medicine* prints an article on new law and HIV testing of pregnant women. “For Children’s Sake: New law mandates HIV testing of pregnant patients,”



# History Continued

- ❖ **January 1997** - TDH Bureau of Vital Statistics (BVS) begins to collect information on birth certificates about HIV tests of pregnant women and on ZDV administration.
- ❖ **Spring 1997** - The Texas Legislature mandates that prenatal providers conduct serologic testing for Hepatitis B virus at the first prenatal visit and again at delivery. Law does not include requirement to conduct Hepatitis B virus test unless pregnant woman “opts out” of testing. Subsequently, educational pamphlets revised to include explanation of Hepatitis B virus disease, transmission risks, etc.



# Policies

## ❖ Policies Created:

Guidance Regarding Pregnant Women Presenting to  
PCPE Sites For Serological Testing for HIV Infection

<http://www.tdh.state.tx.us/hivstd/policy/pdf/120100.pdf>

Clinical Practice Guidelines for HIV-Infected Pregnant  
and Non-Pregnant Adults

<http://www.tdh.state.tx.us/hivstd/policy/pdf/800004.pdf>



# Impact of Opt-Out Testing in Texas

- ❖ Pre-legislation and Post-legislation data on perinatal HIV testing rates are not available
- ❖ Three post-legislation data sources on perinatal HIV testing
  - ❖ Survey of OB/GYN providers on prenatal HIV testing
  - ❖ Qualitative Study of Prenatal Testing among publicly funded prenatal providers and HIV counseling and testing sites
  - ❖ Birth Certificate Data





# Survey of Private OB-GYN Practices

- ❖ 1997 - Statewide telephone survey of 614 private OB/GYN providers in 1997 (8.6% refused)
- ❖ 96% discussed HIV testing with all pregnant patients
- ❖ 93% said they actively encouraged or recommended testing
- ❖ 96% reported that the HIV test was part of the routine panel of tests ordered for all patients



# Consent

- ❖ Of the 592 practices that reported routine HIV testing:
  - ❖ 99% said the patients were specifically told the HIV test would be done unless they objected
  - ❖ 72% written consent, 22% verbal consent
  - ❖ 91% documented acceptance or refusal of test in medical record



# Refusals

- ❖ 73% of practices reported no refusals in the past 6 months
- ❖ 20% reported 1% - 5% refusals in the past 6 months
- ❖ Reasons for declining testing (in rank order):
  - ❖ Patient belief not at risk for HIV
  - ❖ Prior testing
  - ❖ No reason
  - ❖ Fear of test
  - ❖ Financial reasons



# Knowledge of Legislation

- ❖ 89% of respondents were aware of the legislation mandating universal opt-out HIV testing of pregnant women



# Survey of Public Prenatal Providers

- ❖ 1998- Qualitative Survey of 20 Publicly Funded Prenatal Providers
- ❖ Interview questions included:
  - ❖ Do you have standard operating procedures or orders for HIV testing of pregnant women?
  - ❖ Do pregnant clients know they are getting tested for HIV?  
Consent documentation?
  - ❖ What percentage of pregnant clients refuse HIV testing?
  - ❖ What are reasons for refusal of HIV testing?
  - ❖ Impact of law on perinatal HIV testing in your clinic?



# Survey of Public Prenatal Providers

- ❖ All providers interviewed had standing operating procedures or orders for testing pregnant women for HIV
- ❖ Consent- some used specific HIV consent forms and others used general treatment consent forms
- ❖ Many providers reported no refusals for HIV testing among pregnant women, no providers reported more than 5% refusal
- ❖ Most common reason for refusals: already been tested, not at risk
- ❖ Impact on clinic: Some reported no impact, some identified more HIV positive pregnant women



# Survey of HIV Counseling and Testing Sites

- ❖ 1998- Qualitative Survey of 16 Publicly Funded HIV Counseling and Testing Sites
- ❖ Questions Included:
  - ❖ Did the law induce a change in your protocols and practices for HIV testing of pregnant women?
  - ❖ Do you offer confidential and anonymous testing?
  - ❖ Do you routinely ask women if they are pregnant?
  - ❖ Do you encourage pregnant women to get tested for HIV?
  - ❖ Do you test pregnant women for HIV on-site or refer them for testing to someone else?
  - ❖ If pregnant, do you refer to prenatal care?
  - ❖ Do you track prenatal care referrals?



# Survey of HIV Counseling and Testing Sites

- ❖ Almost all sites offered confidential and anonymous HIV testing except for those located in jails or sheriff departments
- ❖ No testing sites reported any changes in protocols or practices after enactment of the law
- ❖ Not all sites reported consistently asking if women are pregnant





# Survey of HIV Counseling and Testing Sites

- ❖ All sites questioned would perform an HIV test on a pregnant women on-site
- ❖ All sites reported HIV pregnant women are referred to prenatal care or case management or both
- ❖ All programs report follow-up of referrals to prenatal care by themselves, case managers or disease intervention specialists



# Birth Certificate Data

- ❖ **January 1997** - TDH Bureau of Vital Statistics (BVS) begins to collect information on birth certificates on HIV testing prenatally and at delivery and on ZDV administration.

# Portion of Texas Birth Certificate

Pregnancy History				27. Source of Prenatal Care (check all that apply)	29. Hepatitis B Immunization Given <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Birthweight G. or LB OZ		
Live Births		Other Pregnancies			31. Date Last Normal Menses Began	32. Clinical Estimate of Gestation (Weeks)		
26a. Now Living Number ____ <input type="checkbox"/> None	26b. Now Dead Number ____ <input type="checkbox"/> None	26d. Number ____ <input type="checkbox"/> None		<input type="checkbox"/> Hospital Clinic <input type="checkbox"/> Public Health Clinic <input type="checkbox"/> Private Physician <input type="checkbox"/> Midwife <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)	33. Prenatal Care Began During 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> etc. month: Specify	34. Number of Prenatal Visits		
26c. Date of Last Live Birth		26e. Date Last Other Pregnancy Ended	28. Mother's Medicaid Number		35a. HIV Test Done Prenatally <input type="checkbox"/> Yes <input type="checkbox"/> No	35b. HIV Test Done at Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No		36. Serologic Test Done at Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No
37a. Mother Transferred Prior to Delivery <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify Facility)				37b. Infant Transferred After Delivery <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify Facility)			37c. Hospital Use	
38a. MEDICAL RISK FACTORS FOR THIS PREGANANCY (Check all that Apply)           1 <input type="checkbox"/> Anemia (Hct. < 30/Hgb.< 10    2 <input type="checkbox"/> Cardiac disease    3 <input type="checkbox"/> Acute or chronic lung disease    4 <input type="checkbox"/> Diabetes 5 <input type="checkbox"/> Hydramnios/Oligohydramnios    6 <input type="checkbox"/> Hemoglobinopathy    7 <input type="checkbox"/> Hypertension, chronic    8 <input type="checkbox"/> Hypertension, pregnancy associated    9 <input type="checkbox"/> Eclampsia    10 <input type="checkbox"/> Incompetent cervix 11 <input type="checkbox"/> Previous infant 4000+ grams    12 <input type="checkbox"/> Previous preterm or small-for-age infant    13 <input type="checkbox"/> Preterm labor    14 <input type="checkbox"/> Renal disease    15 <input type="checkbox"/> Blood group isoimmuniation 16 <input type="checkbox"/> Preterm rupture of membranes (<37wks.)    17 <input type="checkbox"/> STD    18 <input type="checkbox"/> Zidovudine administered during pregnancy    19 <input type="checkbox"/> NONE 20 <input type="checkbox"/> Other (Specify) _____    21 <input type="checkbox"/> UNKNOWN								



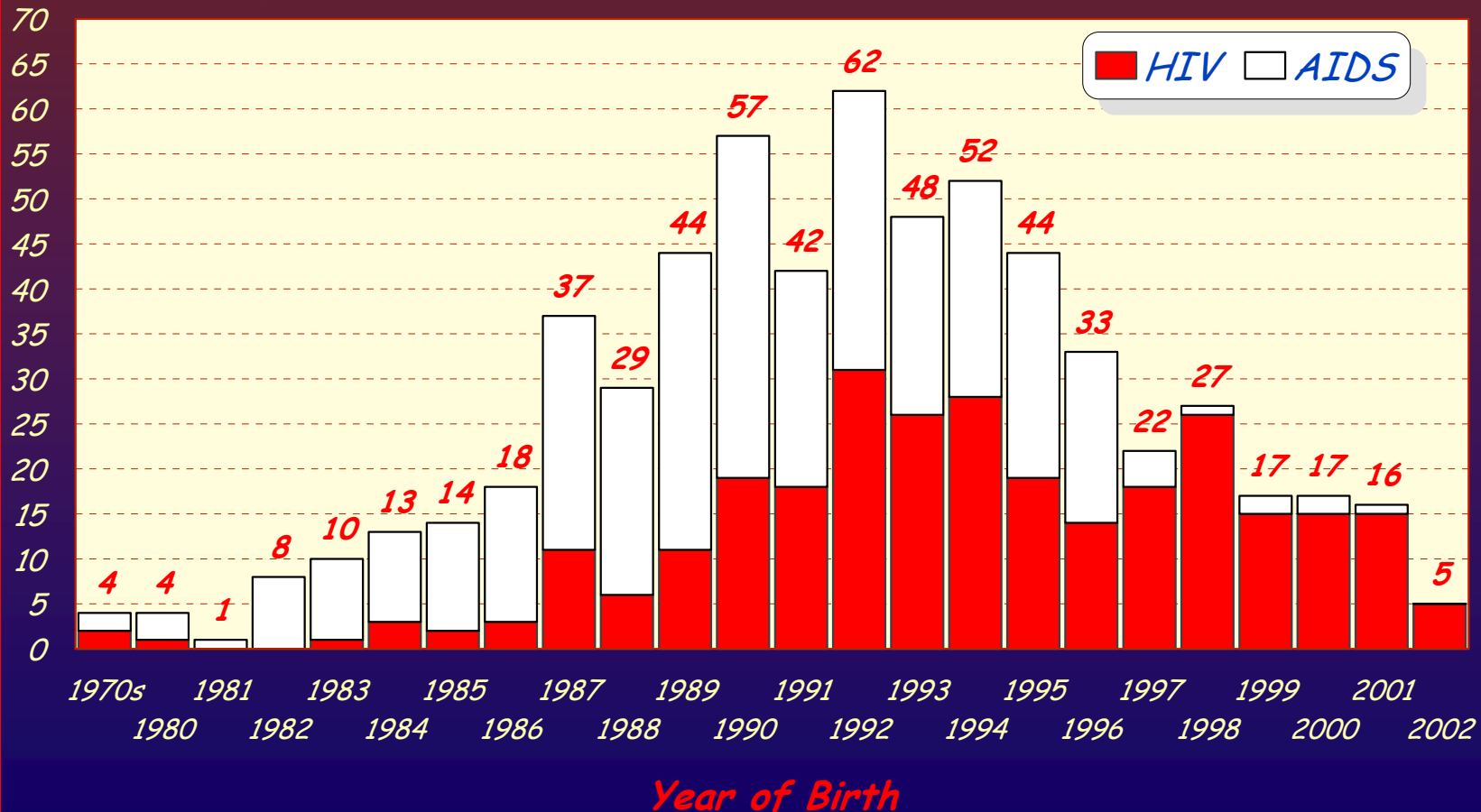
# Birth Certificate Data

Percentage HIV Tested -Birth Certificate			
Birth Year			
Time of Test	1999	2000	2001
Either Prenatally or At Delivery	94.2%	95.3%	96.6%
Prenatally	88.4%	89.1%	90.9%
At Delivery	78.5%	81.9%	83.9%
Both Prenatal and At Delivery	72.7%	75.7%	78.3%
Total Births	352,960	369,015	370,258

## *Texas Perinatal Transmission HIV/AIDS Cases (N = 624)*

### *By Year of Birth*

*Number of Cases*



*\*Database updated through February 27, 2003: Includes all cases reported, living or dead.*



# Conclusions

- ❖ Texas implementation of the opt-out testing legislation has been very successful
- ❖ Although, pre- and post-legislation data are unavailable, post legislation data indicates that the vast majority of pregnant women are getting tested for HIV infection
- ❖ Due to variety of perinatal HIV transmission prevention activities and the efficacy antiretrovirals medication in reducing transmission, Texas perinatal HIV/AIDS cases have dropped precipitously in recent years.